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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768102 (6)

1. Corporation Name
THE FLORIDA FEDERATION OF SQUARE DANCERS, INC.

Principal Place of Business	Mailing Address
1949 SNOOK DR. DELTON FL 32738	1949 SNOOK DR. DELTON FL 32738-8628

3. Date Incorporated or Qualified: 04/22/1983
3a. Date of Last Report: 08/05/1996

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 59-2292968 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DEWEY & DONNA HENDRICKS
1949 SNOOK$ DR.
DELTONA FL 32738-8843

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Dewey & Donna Hendricks Dewey L. & Donna Hendricks 2/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VD~~	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HAYES, HOWARD		1.2 NAME		
STREET ADDRESS	6665 71ST STREET, NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 33781		1.4 CITY-ST-ZIP	33781	
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BELL, DON & BONNYE		2.2 NAME		
STREET ADDRESS	1744 MANDARIN ESTATES DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	~~P~~	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	HOCKMAN, STAN & JERRI		3.2 NAME		
STREET ADDRESS	638 FLAGLER BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL 33403		3.4 CITY-ST-ZIP	33403	
TITLE	~~T~~	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	HANCOCK, TOM & JEAN		4.2 NAME		
STREET ADDRESS	130 LANMAN RIAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL 32578		4.4 CITY-ST-ZIP	32578	
TITLE	~~SD~~	☐ DELETE	5.1 TITLE	VD	☐ Change ☐ Addition
NAME	TAYLOR JACK & ZONIE		5.2 NAME		
STREET ADDRESS	4235 N INDIAN RIVER DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32927		5.4 CITY-ST-ZIP	32927	
TITLE		☐ DELETE	6.1 TITLE	PARLIAMENTARIAN	☐ Change ☒ Addition
NAME			6.2 NAME	DEE DEE BESSIE STOVALL	
STREET ADDRESS			6.3 STREET ADDRESS	2730 PINE SUMMIT DR. EAST	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard Hayes REQUIRED 2-15-97 813-546-6507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #